

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/390634

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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57						
58						
59						
60						
61						
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83						
84						
85						
86						
87						
88						
89	1					
90		1				
91	1					
92		1				
93		1				
94		2				
95		2				
96		2				
97		2				
98	1					
99	1					
100	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
10 ¹	1						51						
10 ²	1						52						
10 ³	1						53						
10 ⁴		6					54						
10 ⁵	1						55						
10 ⁶	1						56						
10 ⁷		2					57						
10 ⁸	1						58						
10 ⁹	1						59						
11 ⁰		2					60						
11 ¹		2					61						
11 ²		2					62						
11 ³		2					63						
11 ⁴		2					64						
11 ⁵		2					65						
11 ⁶		2					66						
11 ⁷	1						67						
11 ⁸	1						68						
11 ⁹		2					69						
12 ⁰		2					70						
12 ¹		2					71						
12 ²	1						72						
12 ³	1						73						
12 ⁴	1						74						
12 ⁵		1					75						
12 ⁶		1					76						
27							77						
28							78						
29							79						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	17						TOTAL IND.						
TOTAL DEP.	91						TOTAL DEP.						
TOTAL CLAIMS	58						TOTAL CLAIMS						